



Please complete all of the following fields, except those reserved for Van Lang IPA administrator. Your name must appear on this form as it does on your state professional license (if applicable). Your email address must be your personal email address; we cannot accept the email address of anyone other than you. Please return this application request form to credentialing@vanlangipa.com.

Date (mm/dd/yyyy) _____

FOR ALL PROVIDERS									
Last Name			First Name			M/I	Suffix	Professional Degree	
Other Name		Date of Birth	Social Security #		Individual NPI #	CAQH ID #	DEA #	Texas Professional License#	
Personal Cell Phone	Personal Email Address		Primary Facility			Check Only One of the Following PCP Specialist Hospital-Based			
Primary Specialty	Subspecialty	Board Certified Yes No	Name of Certifying Board		Year of Residency Completion		Year of Fellowship Completion		
If PCP: Sponsoring Van Lang IPA PCP Member					If PCP: Sponsoring Van Lang IPA PCP Member				
Group Name/Practice Name			Group Tax ID #	Group NPI #	Office Phone Number		Office Fax Number		
Primary Office Address			Suite	City		State		Zip Code	
2nd Office			Suite	City		State		Zip Code	
For additional offices, please add attachment									
Medicare participation (Mandatory field requirements for OIG/SAMs) Yes No				Are you excluded from participation with Medicare? (Mandatory field requirements for OIG/SAMs) Yes No					
Malpractice Limits of Liability Per occurrence \$					/ Per year \$				
Malpractice Policy #					Malpractice Expiration Date (mm/dd/yyyy)				
Hospitals Where Privileged/Facilities for Procedures(ie ASC) 1) 2) 3)									
Languages spoken by Providers/Staff Spanish Vietnamese Chinese Other									
Accepting New Patient		Yes No							
FOR ALL ANCILLARY SERVICES AND FACILITIES									
Facility Full Name			Doing Business As (DBA)			Facility Tax ID #		Facility NPI #	
CAQH ID #	Office Phone Number		Office Fax Number		Email Address (Office Manager/Administrator)				
Primary Office/Service Address			Suite	City		State		Zip Code	
Mailing Address (if different)			Suite	City		State		Zip Code	
Services					Primary Specialty		Subspecialty		
OFFICE EMR & BILLING SYSTEM									
EMR System					Billing System				
CREDENTIALING CONTACT INFORMATION									
Credentialing Contact Name			Credentialing Contact Email Address				Credentialing Contact Phone Number		
Please Do Not Fill in Below: Reserved for Van Lang IPA Admin									
Provider Status					Updated By				
Credentialing Department					Updated By				